

# PRESIDENT ROOSEVELT, REAR ADMIRAL RIXEY AND THE BROWNSON AFFAIR OF DECEMBER 1907

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On Christmas Eve 1907, Rear Adm. Willard Brownson, Chief of the U.S. Navy Bureau of Navigation, submitted his resignation to President Theodore Roosevelt in protest against the president's controversial decision granting medical officers full domain and command over naval hospital ships. Sometimes known as the "Brownson Affair," the president's action would slice into heart of the Navy hierarchy and thrust the issue of command authority into the public spotlight.

The very roots of the Brownson Affair extended deep into the Navy's history and long pre-date either Willard Brownson or Rixey entry into the service.

Throughout much of the nineteenth century, the Navy granted its medical officers titles but not official rank. Only in August 31, 1846, per General Order medical officers were granted what was termed "relative rank" to their line counterparts. Relative rank did not come with any authority to exercise military command.

Remarkably, throughout the nineteenth century, "command" and "commanding officers" were terms restricted to the line community only. Medical officers could be "in charge of" but not "in command of" anything—not even hospitals or medical activities for which they operated. This remained a point of contention for Navy medical officers for years, but only finally addressed in 1903 after Presley Rixey took the helm as Navy Surgeon General.



**Rear Admiral Presley Rixey,  
Surgeon General of the Navy, 1902-1910**

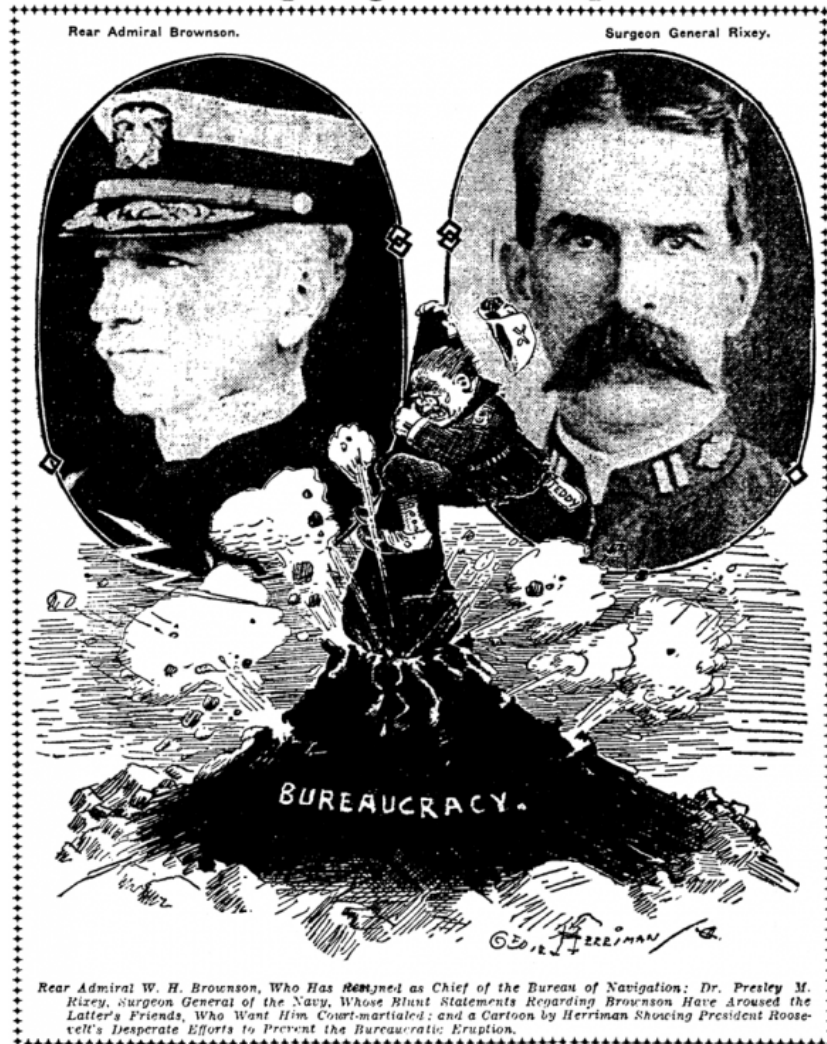
*Courtesy of Library of Congress*

During his eight years as Surgeon General, Rear Admiral Rixey led Navy Medicine through a remarkable period of modernization and peacetime expansion that was then unparalleled in the history of the Navy Medical Department. Between 1902 to 1910, Rixey oversaw the establishment of: new hospitals in Puget Sound, Wash., Canacao, P.I., Fort Lyon, Colo. (1906) and Guam (1910); medical supply depots in Brooklyn, N.Y., Cavite, P.I., and San Francisco, Calif.; and the Navy Nurse Corps (1908). Rixey elevated concepts like medical specialization and graduate medical education through the reestablishment of the Navy Medical School in Washington, D.C. (1902) and began sending medical officers abroad to study tropical diseases. He also helped to spearhead (with Roosevelt's backing) what can be considered the first "physical readiness training" in the Navy (1909) (1).

Although, Rixey's successes as Surgeon General were of his own doing, one cannot underestimate the importance of having the Commander in Chief as a confidante and supporter. Rixey also had the unique distinction as being Roosevelt's primary physician from September 1901 until March 1909.

# ROOSEVELT SITS ON LID OF NAVY DEPARTMENT VOLCANO

*Bureaus Are Fighting; General Upheaval Near*



**Editorial cartoon by George Herriman likening the Brownson Affair to a volcano**

*Courtesy of Library of Congress*

In 1903, Rixey brought the issue of "command" to the attention of President Roosevelt. Roosevelt took up the issue and wrote to Secretary of the Navy William Henry Moody, "It seems to me that Rixey is entitled to use the word 'command' in regard to hospitals under his control. The Line of the Navy must not make themselves ridiculous by being over-zealous in unimportant technical matters." (2)

The Bureau of Navigation (BUNAV), which was in charge of all personnel matters in the Navy, was reluctant to follow through until Moody ordered that they issue a memorandum giving medical officers the right to use the phrase "in command of." Special Navy Order 61, dated August 23, 1904, granted medical officers permission to serve "in command of" naval hospitals.

Since his time as Assistant Secretary of the Navy, Theodore Roosevelt was not only interested in reforming naval affairs, but while president he set out to establish more uniformity between the services.

On January 11, 1906, by order of Roosevelt, a joint board of Army and Navy medical officers, designated by the Secretary of the Navy Charles Bonaparte, were charged with “improving the [military] medical departments.” (3) The Joint Board proposed that the Stokes Wire-Basket (Splint) Stretcher be adopted by both services for use aboard hospital ships, transports and seacoast artillery stations; and Hospital Corpsmen and Medics would now carry a pouch for basic medical wares. The Board also settled on a design for casualty tags, and recommended that hospital ships be placed in commission during times of peace. But most daringly, the Navy contingent proposed that like the Army, its medical officers should be placed in command of hospital ships since they are in essence merely “floating hospitals.” (4)

Since 1862, the Army had regularly operated “hospital transports” and “hospital boats” for transporting sick and wounded to medical facilities along coastlines and inland waterways. By General Order dated February 6, 1865, these medical vessels were placed exclusively under the command of Army medical officers. In the Spanish-American War, Army physicians commanded the hospital ships *Vigilancia*, *Relief*, *Missouri* and *Olivette*. (5)

The Joint Board’s findings were endorsed by the Secretary of War, Bureau of Medicine and Surgery, and submitted to the Navy Bureau Chiefs as well as the Secretary of the Navy Bonaparte. Rear Adm. George Converse, the Chief of Bureau of Navigation (responsible for personnel management in the Navy) rejected both the need for hospital ships in peacetime and the bold notion that medical officers serve in command of them. Converse stated that sick bays aboard regular vessels more than adequate for the care of sick and wounded, and warned that it was not advisable to place a seagoing vessel under the command of a staff officer. In a statement fitting of his name, Converse opined:

“It is necessary in enforcing discipline and maintaining efficiency that the officers and crews of hospital ships, as well as other vessels belonging to the Navy, should be subject to the laws and regulations governing the Navy, and that the officers intrusted [sic] with the command of these vessels should be those whose experience and training qualifies them for commanding and navigating the vessels under all conditions of weather and unforeseen contingencies...The Bureau, therefore, seriously doubts the advisability or wisdom of placing seagoing vessels under the command of medical officers whose professional training, however, proficient in the practice of medicine and surgery, has not been such as to render them well-fitted for the command of vessels always in close communication with the fleet, and her commanding officer should be one in whom the admiral could rely on for the proper handling of the ship as

an adjunct of the fleet and whose knowledge of naval matters, signals, and ready and prompt obedience to orders, could at all times be not only relied upon but efficiently performed.” (6)



**Stereoscope showing President Roosevelt with Secretary of the Navy Bonaparte to his right** *Courtesy of Library of Congress*

Bonaparte proved to be less concerned about who commanded the vessels and focused on whether or not the hospital ship's civilian sailors would risk the hospital ship's status as a neutral sailing vessel under the Geneva and Hague accords. Bonaparte went on to suggest having civilian mariners enlist as members of the Hospital Corps while serving aboard the ship and requested that Rixey provide greater clarification on the issue of medical command. (7)

Rixey responded that in order to ensure that a hospital ship remained neutral it was important that there was no presence of "war officers" on board. "The absence of officers of the line would render a hospital ship more completely neutral," Rixey wrote Bonaparte. "It must be borne in mind that a hospital ship is a floating hospital and that the most finished professional training in navigation, ordnance, and seamanship does not render line officers well fitted to command hospitals. (8)

Rixey outlined a scenario of total sufficiency without line officers stating:

"The Medical officer in command is to receive all orders from the commander in chief or from the Department and to transmit them to the captain of the ship. His command should be absolute, the captain of the ship taking his directions from the senior medical officer. The captain should be a naval officer, but belong to the merchant marine, and should have entire control of the navigation of the ship and of the civilian crew and regulate discipline and matters pertaining to them. The discipline of the medical branch should be in the hands of the medical officers in command. Only the universal code would be used in signaling and line officers would not be necessary for the purpose." (9)

Rixey went on to state that the “universal” signal code is well understood by graduates of the Naval Medical School (of which all newly commissioned physicians were required to attend) and that one of the physicians aboard the ship would be responsible for signaling in addition to other duties. (10)

In a personal letter to his friend Dr. Hugh Young, Rixey wrote “...the Bureau of Navigation would be held responsible to the Department for the proper navigation of the ship just as the medical officers in battleships are held responsible by the Department for the proper care of the sick and injured on battleships. The same conditions appertain. The medical officers do not claim that they can navigate a ship. The line officers on battleships and cruisers do not claim that they can take care of the sick and injured.” (11)

Bonaparte agreed with Rixey and on December 12, 1906 fully endorsed the Joint Medical Board’s report. Although in theory Navy physicians now had the right to command at sea, Rixey still had hurdles to overcome.

The Navy did not have a hospital ship in commission in December 1906. After seven years of service, the Navy’s lone hospital ship USS *Solace* was decommissioned in 1905. In 1902, the Navy had acquired the former Army hospital ship *Relief*, which was based in Mare Island, Calif., but this vessel was not in commission nor ready for active service. But perhaps his biggest challenge was the resistance that remained at the Bureau of Navigation.

Rear Adm. Converse retired in 1906 and was succeeded by Willard Brownson who remained as resolute in his own opposition to “physician-commanders.” As the new Chief of the Bureau of Navigation, Brownson was responsible for all naval personnel matters and ship preparation, and was determined to have Bonaparte’s decision overturned.



## **USS Relief, the first ship to be commanded by a medical officer**

*BUMED Archives*

In November 1907, Brownson sent Rixey an 8-page letter presenting reasons against fitting out the *Relief* or even assigning a physician to command it. He argued that cable operators and telegraph engineers were not expected to command cable ships and postmasters would never be asked to command mail steamers. Even artillery officers were not to fit to command battle ships, which could be called “floating forts.” (12) Brownson’s implication in his final statement would undoubtedly have earned Rixey’s ire. “It must not be forgotten that a ship is an inanimate object and requires at all times a competent officer in command to insure the safety vessel at sea.”(13)

With the Bureau Chiefs at a standstill on the issue, Roosevelt asked the new Secretary of the Navy, Victor Metcalf, to invite Rixey and Brownson to the White House where each would present their case. On December 21, 1907, Roosevelt met with Brownson and Rixey in the oval office to “hash it out.” Rixey related the issue of neutrality under international law. He asserted that back in the Spanish-American War the hospital ship *Solace* “destroyed her claim to neutrality on several occasions” and even took part in offensive operations. “When commanded by a line officer, [she] attempted to claim the prize money in the capture of the *Adula* (while professing neutrality) and *Solace* interfered with the progress of a schooner in the Old Bahama Channel so that the U.S. torpedo boats could board and investigate her.” (14)

Rixey’s “Exhibit B” was the *Army Manual of the Medical Department* (1906) which provided that all “hospital boats” be exclusively under control of medical departments. Rixey pleaded a need for uniformity between the services, to which Roosevelt stated to the Secretary of the Navy Victor Metcalf, “give them what they have in the army.” (15)

In a desperate move, Brownson sent a duplicate copy of his Rixey letter directly to Roosevelt hoping it would inspire some reconsideration. But the president had made up his mind. Not only would a medical officer be placed in command of hospital ship, but the *Relief* would be placed in commission and join the Great White Fleet journey around the globe. (16)

Brownson’s response was to tender his resignation to which Roosevelt angrily remarked, “The officers of the navy must remember that it is not merely childish, but in the highest degree reprehensible to permit either personal pique, wounded vanity or factional feeling on behalf of some particular bureau or organization to render them disloyal to the interests of the navy, and therefore of the country as a whole.”(17)

On December 23, 1907, Rixey ordered Surgeon Charles Francis Stokes to report to Mare Island as the new commanding officer of USS *Relief* and prepare her for commission. He then wrote to the Bureau of Navigation requesting that the *Relief* be placed in commission by February 1, 1908.

Under the command of Dr. Stokes, the *Relief* sailed across the Pacific to join the “Great White Fleet” in its circumnavigation around the globe.

Over the course of the next 13 years Navy hospital ships *Relief*, *Solace* (AH-2), *Comfort* (AH-3) and *Mercy* (AH-4) each sailed under the helm of a physician. In total 18 physicians commanded hospital ships; three commanded multiple ships and one medical officer—Dr. Arthur Dunbar—had the distinction of having commanded three hospital ships during this period.

In 1921, the new hospital ship *Relief* (AH-1)—ironically the only ship to be built from the keel up as a floating hospital—was the scene of discord between the medical officer and sailing master during a voyage along the foggy coastline of California. The incident offered naval authorities a reason to revisit the issue of command at sea and ultimately overturned Roosevelt’s decision. It was determined that a medical officer did not have the bandwidth to command both a ship as well as the hospital aboard it. And with this decision came the final chapter in the saga of the Brownson Affair.

Today, the command of hospital ships is bi-furcated—civilian mariners command the vessel, while medical personnel operate as commanding officers of the ship’s Medical Treatment Facility (MTF).

## References:

1. Roddis, Louis. Presley Marion Rixey, 1852-1928. Surgeon General reference Files. BUMED Archives.
2. Roosevelt, Teddy to SECNAV Charles Darling, July 18, 1903, RG 52, 79959. NARA.
3. The Navy was represented by Medical Directors John Wise and James Gatewood as well as Surgeons William Braisted and later Charles Stokes; the Army was represented by Col. Valery Havard, Maj. Charles Lynch and Maj. Carl Darnall.
4. Documents, letters, etc. in connection with appointment of Charles F. Stokes as Commander of U.S.H.S *Relief* and Resignation of Willard Brownson as Chief of Navigation. January 1908. RG 52, 112052. NARA.
5. Roosevelt Letter to SECNAV. January 4, 1908. RG 52, 114342. NARA.
- 6.. Converse letter to SECNAV, June 4, 1906. House of Representatives, Document 552. RG 52, 114052. NARA.



7. Documents, letters, etc.

8. Rixey Letter to Bonaparte, September 24, 1906. House of Representatives, Document 552. RG 52, 114052, NARA.

9. Ibid.

10. Ibid.

11. Rixey to Dr. Hugh Young. January 24, 1908 Personal Letter—asking him to lobby Senator Hale on his behalf. RG52, NARA.

12. Documents, letters, etc.

13. Brownson to Rixey. November 18, 1907. House of Representatives, Document 552. RG 52, 114052. NARA.

14. Crowley, Martha. The Navy Medical Department, 1890-1916 (Dissertation). The George Washington University, 1989.

15. Roosevelt letter to SECNAV Victor Metcalf, January 4, 1908. RG 52, 127622. NARA.

16. Crowley

17. Ibid.

18. In January 1908, Rixey proposed to SECNAV Metcalf that a medical officer be placed in command “for a provisional period of 6 months before the adoption of the permanent policy.” In case of absence or disability of commanding medical officer, the command would fall to the next medical officer on duty. (Rixey Memo for SECNAV. January 30, 1908. RG 52, 114399. NARA.)